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CONFIRMATION NO. 5590

Bib Data Sheet

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <b>SERIAL NUMBER</b><br>09/735,715                                                                                                                                                                                                                                                                                   | <b>FILING DATE</b><br>12/12/2000<br><b>RULE</b>                                                                   | <b>CLASS</b><br>711           | <b>GROUP ART UNIT</b><br>2186                                                                                                                                                                                                                                                   | <b>ATTORNEY DOCKET NO.</b><br>033144-004 |
| <b>APPLICANTS</b><br>Jacob Dreyband, Los Gatos, CA; <i>UT</i><br>Leonid Nilva, San Jose, CA;                                                                                                                                                                                                                         |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                          |
| <b>** CONTINUING DATA *****</b> <i>no UT</i>                                                                                                                                                                                                                                                                         |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                          |
| <b>** FOREIGN APPLICATIONS *****</b> <i>no UT</i>                                                                                                                                                                                                                                                                    |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                          |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 02/05/2001</b>                                                                                                                                                                                                                         |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                          |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <i>UT</i><br>Acknowledged<br>Examiner's Signature Initials |                                                                                                                   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>8                                                                                                                                                                                                                                                      | <b>TOTAL CLAIMS</b><br>71                |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                               | <b>INDEPENDENT CLAIMS</b><br>3                                                                                                                                                                                                                                                  |                                          |
| <b>ADDRESS</b><br>Kevin H. Fortin<br>BURNS, DOANE, SWECKER & MATHIS, L.L.P.<br>P.O. Box 1404<br>Alexandria, VA 22313-1404                                                                                                                                                                                            |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                          |
| <b>TITLE</b><br>TD/TDX universal data presentation system and method                                                                                                                                                                                                                                                 |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                          |
| <b>FILING FEE RECEIVED</b><br>879                                                                                                                                                                                                                                                                                    | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                          |